

# Asthma Action Plan

Name: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Controller Medicine: \_\_\_\_\_ Quick-Relief (Rescue) Medicine: \_\_\_\_\_ Other: \_\_\_\_\_

Personal Best Peak Flow: \_\_\_\_\_ Date: \_\_\_\_\_

An Asthma Action Plan can help you manage your asthma from day to day. It is based on your symptoms and peak flow numbers. Work with your doctor to complete this Asthma Action Plan. Use it every day to manage your asthma symptoms and help keep your asthma under control.

**NOTE:** Your doctor can tell you when and how often you should take your peak flow reading.

## How Are My Symptoms Today?

| Doing Well  | Symptoms Worse  | Symptoms Severe  |
|---|---|--|
| <b>Green Zone: Go</b> <ul style="list-style-type: none"><li>No cough, wheeze, or shortness of breath</li><li>Sleeping through the night</li><li>Can do usual activities (work, play)</li><li>Don't need quick-relief (rescue) medicine most days</li></ul> <b>or</b> Peak Flow: _____ | <b>Yellow Zone: Caution</b> <ul style="list-style-type: none"><li>Cough, wheeze, or shortness of breath, chest tightness</li><li>Waking at night due to asthma symptoms</li><li>Can do some but not all usual activities</li><li>Using more quick-relief (rescue) medicine</li></ul> <b>or</b> Peak Flow: _____ | <b>Red Zone: Danger</b> <ul style="list-style-type: none"><li>Very short of breath, ribs show</li><li>Quick-relief (rescue) medicine has not helped</li><li>Cannot do usual activities</li><li>Symptoms in the yellow zone are the same after 24 hours or are worse</li></ul> <b>or</b> Peak Flow: _____ |
| <b>THEN...</b>  | <b>NOW...</b>   | <b>Call Your Doctor NOW!</b>   |
| <b>TAKE:</b><br>Controller medicine<br>Medicine: _____<br>How much: _____<br>When: _____<br><br>Medicine: _____<br>How much: _____<br>When: _____<br><br>Medicine: _____<br>How much: _____<br>When: _____  | <b>Continue With Green Zone Medicine</b><br><b>ADD:</b><br>Medicine: _____<br>How much: _____<br>When: _____<br><br>Medicine: _____<br>How much: _____<br>When: _____<br><br>Medicine: _____<br>How much: _____<br>When: _____  | <b>ADD ADDITIONAL:</b><br><br>Medicine: _____<br>How much: _____<br>When: _____<br><br>Medicine: _____<br>How much: _____<br>When: _____<br><br>Medicine: _____<br>How much: _____<br>When: _____  |

### DANGER

**CALL 911 or Go to the Hospital**

**IF**

- You have trouble walking or talking
- Your lips or finger-nails are blue
- You are feeling faint

**Before Exercise Take:** \_\_\_\_\_